



13281 U.S. PTO

010804

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 12218/29

First Inventor Tatsumasa MAE, et al.

Title LIGAND FOR PEROXISOME PROLIFERATOR-
ACTIVATED RECEPTOR

Express Mail Label No.

17497 U.S. PTO
10/752643

010804

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration [Total Sheets 5]
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☒ Other: Copy of Assignment and Notice of Recordation
of Assignment Document from parent; Copy of IDS and Form
1449 from parent;

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 10 / 277,967

Prior application information:

Examiner Susan D. COE

Art Unit: 1654

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b,
is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only
be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number

23838

OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

W. David Wallace

Registration No. (Attorney/Agent)

42,210

Signature

Date

1/8/04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (DC479649v1)

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>unassigned</td></tr> <tr><td>Filing Date</td><td>herewith</td></tr> <tr><td>First Named Inventor</td><td>Tatsumasa MAE, et al.</td></tr> <tr><td>Examiner Name</td><td>unassigned</td></tr> <tr><td>Art Unit</td><td>unassigned</td></tr> <tr><td>Attorney Docket No.</td><td>12218/29</td></tr> </table>		Application Number	unassigned	Filing Date	herewith	First Named Inventor	Tatsumasa MAE, et al.	Examiner Name	unassigned	Art Unit	unassigned	Attorney Docket No.	12218/29
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<p>TOTAL AMOUNT OF PAYMENT (\$) 856</p>															

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>KENYON & KENYON</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					Deposit Account Number	11-0600	Deposit Account Name	KENYON & KENYON	<p>FEE CALCULATION (continued)</p> <p>3. 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1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																							
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																							
SUBTOTAL (2)				(\$) 86																																																																																																																																																																																																							

<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	W. David Wallace	Registration No. (Attorney/Agent)	42,210	Telephone	202/220-4200
Signature				Date	1/8/04

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